PTO/SB/22 (10-00)

-	In re Application of Tony Wai-Chiu So et al.							
1	PETITION FOR EXTENSION OF	Docket Number (Optional) 021706-000800US						
)	Under the Paperwork Reduction Act of 1995, no per	sons are required to respond to a collection of information unle	ss it displays a valid OMB control number.					
)	` 1		U.S. DEPARTMENT OF COMMERCE					
١			gn 10/31/2002. OMB 0001-0031					

	In re Application of Tony Wai-Chiu So et al.								
			Applica	tion Number	09/673,872	Filed	December 4	, 2000	#21
			For PHARMACEUTICAL COMPOSITION				HH.		
			Group / 1616	Art Unit	Examiner Sharmila S. Gol	lamudi			5/28/2
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.								EIVED
	The requested extension and appropriate (check time period desired):				ty fee are as follo	ws		MAY 2	
		One month (37 CFR	1.17(a)(1))			\$		
	\boxtimes	Two months (37 CF	R 1.17(a)	(2))			\$41 0	CH CENT	ER 1600/2900
		Three months (37 C	FR 1.17(a)(3))			\$	_011 0 = 1	
		Four months (37 CF	R 1.17(a)(4))			\$		
		Five months (37 CF	R 1.17(a)	(5))			\$		
above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. I have enclosed a duplicate copy of this sheet. I am the ☐ applicant/inventor. ☐ assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). ☐ attorney or agent of record.									
	□at	torney or agent under	37 CFR	1.34(a).					
		Registration number if ac	ting under 3	37 CFR 1.34(a).	·				
	cluded	Information on this to on this form. Providence on the providence of the providence on the providence of the providence of the providence on the providence of the providen			nation and author	Corization S R. Sny		39,381	
NOTE: Signa		all the inventors or assignee		of the entire inte	rest or their represent	ative(s) a	re required. Sub	mit multiple	1

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*Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. WC 9057977 v1